

FACILITY NAME: IAD000651026
LOCATION: CHEVRON CHEMICAL CO) *Abandoned + partially razed*
RCRA ID #: 201 35TH AVE
COUNCIL BLUFFS-IA-51501 *11/16/94*

facility abandoned inspectors
IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM
Answers based on knowledge of area.

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? Yes Mosquito creek
2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: No
3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. No

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?
5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe:
6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe:
7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe:

RCRA FILE COPY

DOCUMENT #

FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles

_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

Last Revised: 1/25/91

Time to complete screening: 20 min

RCRA SCREENING CHECKLIST

Inspector: John C. Grubbs

Primary Media:

Date: 11 / 16 / 94

IAD000651026

Facility: (Formerly) CHEVRON CHEMICAL CO

~~Abandoned~~
+ partially
razed

Facility Address: 201 35TH AVE
COUNCIL BLUFFS-IA-51501

Phone () none

Contact/Title: none

SIC #: _____ Process: Abandoned none

Office Questions:

1) Facility description Old, dilapidated building south of
35th Ave viaduct.

2) Does facility have an EPA ID number? Yes X No _____ EPA ID # 000651026

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) N/A

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes N/A (please note which ones are classified as HW) No _____

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: N/A

Field Observations:

6) Are CIW/HW stored on-site? Yes _____ No X
Describe (material, approximate quantity, storage method): _____

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): N/A

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes _____ No X Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes _____ No X
Describe _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes _____ No X Describe: _____

11) Recommendations and/or Additional Observations: Not sure of location but this would correspond to address. Chevron not listed in phone book and neighbors do not recall facility. Toured property, but collected no documents.

CHEVRON CHEMICAL CO.
Council Bluffs, Iowa



Photo No.: 1 **Direction:** East **Photographer:** John C. Grabs
Date/Time: 11/16/94, 0835 **Description:** This photo shows a dilapidated building that was probably Chevron Chemical Co.

Abandoned & partially razed

See RCRA Screening checklist for additional info

RCRIS HANDLER INFORMATION

This form completed on 11/16/94 (date) by
John C. Grobs (name of person completing form)
PRC-EMI (name of person's
employer), TES Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: **IA** IAD000651026

(Formerly CHEVRON CHEMICAL CO) Abandoned

1. NAME OF INSTALLATION 201 35TH AVE
COUNCIL BLUFFS-IA-51501

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: _____
CITY/ZIP CODE: SAME AS, IA _____

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: _____
CITY/ZIP CODE: UNKNOWN, IA _____

4. INSTALLATION CONTACT PERSON:

Name: _____
Title: _____
Telephone Number: Area Code (_____) _____
Street Address: _____
City/Zip Code: KNOWN, IA _____

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: _____
Street Address: _____
City/Zip Code: _____, IA _____
Telephone Number: Area Code (_____) _____

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)

☐ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☐ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☒ Other: (specify) None Non-generator - no activities

RCRIS data entered
BY RCRA/ARP/SEE
ON 4/4/95

RCRIS HANDLER INFORMATION REPORT

May 11, 1994

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD000651026

Name of Company/Installation: CHEVRON CHEMICAL CO
Location of Installation: 201 35TH AVE
City/State/Zip: COUNCIL BLUFFS, IA 51501
County: POTTAWATTAMIE

Mailing Address: PO BOX 559
City/State/Zip: COUNCIL BLUFF, IA 51501

Installation Contact: WALTER JOHNSON
Job Title: PLANT MANA
Phone Number: (712) 366-0578
Contact's Address: PO BOX 559
City/State/Zip: COUNCIL BLUFF, IA 51501

Current Owner of Installation: _____
Owner's Address: _____
Phone Number: (____) ____-____

Land Type: _____
Owner Type: _____

Type(s) of Regulated Activity: FULLY REGULATED GENERATOR

Hazardous Wastes Handled: D000, P037, P039, P089, U224

Signature_____
Name and Official Title_____
Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.